

Vision Benefit Summary

State of Indiana

Spectera, a leader in vision care, is pleased to introduce a [comprehensive vision care benefit](#) to the employees of **State of Indiana**.

BENEFITS AT A SPECTERA PARTICIPATING PROVIDER

When you visit a Spectera participating provider and receive these covered services...	You will pay...
COMPREHENSIVE VISION EXAM (Once Every 12 Months)	\$10 co-payment at time of service.
PAIR OF LENSES (for glasses) (Once Every 12 Months) ➤ Single vision ➤ Bifocal ➤ Trifocal ➤ Lenticular ➤ Progressive	\$25 co-payment at time of service \$25 co-payment at time of service \$25 co-payment at time of service \$25 co-payment at time of service plus Spectera's preferred price for progressive lenses.
FRAMES (Once Every 24 Months) ➤ Covered frame ➤ Non-covered frame	\$25 co-payment* \$25 co-payment* plus the difference (if any), at Spectera's preferred price. Nearly ½ of all frames available in the marketplace are available to you at no additional out of pocket expense.
CONTACT LENSES (in lieu of lenses and frame) (Once Every 12 Months) ➤ Covered contact lenses ➤ Non-covered contact lenses	\$25 co-payment at time of service You can apply a \$95 allowance toward contact lenses and fitting/evaluation fees, instead of glasses once every 12 months.
PATIENT OPTIONS	All patient options including progressive lenses, scratch coating, and tints are available at Spectera's preferred price, which is typically 30-70% less than retail.

***Note: Frame co-payment is not applicable if you have paid lenses co-payment.**

BENEFITS AT AN OUT-OF-NETWORK PROVIDER

SERVICE	REIMBURSEMENT SCHEDULE
Exam	Up to \$35.00
Single Vision Lenses	UP to \$25.00
Bifocal Lenses	Up to \$40.00
Trifocal Lenses	Up to \$55.00
Lenticular Lenses	Up to \$80.00
Frame	Up to \$35.00
Elective Contact Lenses	Up to \$95.00
Medically Necessary Contact Lenses	Up to \$165.00

Participating Provider (In-Network) – co-payments and non-covered patient options are paid to participating provider by plan participant. Non-participating provider (Out-of-Network) – participant pays full fee to provider and Spectera reimburses the member for services rendered up to maximum allowance. Co-payments are not required for out-of-network benefits.

Complete your overall employee benefit package by enrolling in Spectera's Vision Benefit.

Spectera offers you a benefit consisting of the following features:

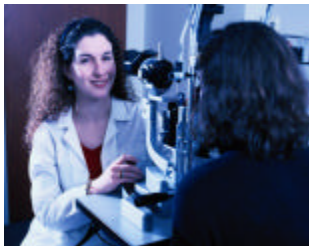
<u>Materials</u>	<u>Your Cost as a Spectera Member*</u>	<u>Your Average Cost Without Spectera</u>
Examination (Once Every 12 Months)	Covered in full, less Co-Payment**	\$55.00
Bifocal Lenses (Once Every 12 Months)	Covered in full, less Co-Payment**	\$94.00
Frame (Once Every 24 Months)	Covered in full, less Co-Payment**	\$109.00
Total Co-Payment:	\$35.00	
Total Premium:	\$42.90	
Total Member Cost:	\$77.90	\$258.00

In the above example, Spectera's vision plan offers you a savings of more than \$180.10 for an annual premium of only \$42.90 (single coverage).

*These numbers are based upon visiting a participating Spectera provider and choosing from within the covered selection. Some items may require an additional charge.

**A \$10 examination co-payment and \$25 materials co-payment (lenses and/or frame) will be charged.

CHOICE AND ACCESS OF VISION CARE PROVIDERS



Spectera offers its program through a national network of vision care providers. To access the provider locator service please call 1-800-839-3242, 24 hours a day, 7 days a week, or visit our web site at www.spectera.com.

If you elect to receive any of the services listed above with an out-of network provider, you are still eligible for benefits under a reimbursement schedule.